

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020327

1. Entity Name
MIAMI IPC, LLC



Principal Place of Business
**IMPERIAL GARDEN
1874 NE 170 ST SUITE 34
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**IMPERIAL GARDEN
1874 NE 170 ST SUITE 34
NORTH MIAMI BEACH, FL 33162**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1157221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLEINMAN, CHAIM
301 174TH ST SUITE 2214
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000781852
01/15/08-80051-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **KLEINMAN, CHAIM**
STREET ADDRESS **301 174TH ST SUITE 2214**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE **VS**
NAME **MILLER, ISSAC**
STREET ADDRESS **20850 SAN SIMEON WAY #105**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33169**

TITLE **S**
NAME **KLEINMAN, ESTHER**
STREET ADDRESS **301 174TH ST SUITE 2214**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Esther Kleinman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/08

3059472202